

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
OUTPATIENT REDUCED-COST SIMPLIFIED APPLICATION (ORSA) PLAN
133 1/3% FEDERAL POVERTY LEVEL

(Effective April 1, 2009)

FAMILY MEMBERS LIVING IN THE HOME*	NET FAMILY INCOME MAXIMUM**
<input type="checkbox"/> 1	at or below \$1,204
<input type="checkbox"/> 2	at or below \$1,620
<input type="checkbox"/> 3	at or below \$2,035
<input type="checkbox"/> 4	at or below \$2,451
<input type="checkbox"/> 5	at or below \$2,867
<input type="checkbox"/> 6	at or below \$3,281
<input type="checkbox"/> 7	at or below \$3,697
<input type="checkbox"/> 8	at or below \$4,113
<input type="checkbox"/> 9	at or below \$4,528
<input type="checkbox"/> 10	at or below \$4,944

More than 10 Members

For each additional member, add \$416

Include unborn in family size

** Net family monthly income means the gross mandatory (e.g., State and Federal taxes FICA, SDI, mandatory union/retirement) deductions only. Do not include voluntary deductions (e.g., credit union deductions, health insurance, life insurance, voluntary union dues, 401K, etc.)